

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

663-044180

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6375

FILED DEC 11 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO, b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 20 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GEN. HOSPITAL		d. STREET ADDRESS (If outside, give location) 1005 BROADWAY	
3. NAME OF DECEASED (Type or print) First Middle Last HARRY H. OLIVER		4. DATE OF DEATH Month Day Year Nov. 20, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-2-1889
9. AGE (last birthday) 74		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE		10b. KIND OF BUSINESS OR INDUSTRY HOTEL	
11. BIRTHPLACE (City and state or country) TEXAS-Texas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME UNIS	
14. NAME OF HUSBAND OR WIFE MRS. ESTHER C. OLIVER		Address 1005 BROADWAY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		16. SOCIAL SECURITY NO. 4	
17. INFORMANT MRS. ESTHER C. OLIVER		Address 1005 BROADWAY	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion arteriosclerosis DUE TO (b) Chronic DUE TO (c) Hypostatic pneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I. (a) Chronic Inval - Blind PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3 rd 1958 to death and last saw him alive on Nov 20-63 Death occurred at 3 rd p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE S I Whim		22b. ADDRESS 326 W 12	
22c. DATE SIGNED 11-22-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-28-63	23c. NAME OF CEMETERY OR CREMATORY Mt. CALVARY	
23d. LOCATION (City, town, or county) K.P.Ko		(State)	
24. FUNERAL DIRECTOR H. TIGERMAN & SON'S - K.C. Mo.		25. DATE RECD. BY LOCAL REG. 11-23-63	
26. REGISTRAR'S SIGNATURE Beattie Smith			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. Le Roy Mooney

Licensed Embalmer No. 477-6

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.